

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 032 ***150.00

DOCUMENT # P05000025186

1. Entity Name

R & R CARPET INSTALLER INC.



Principal Place of Business

4700 SCHALL RD.
WEST PALM BEACH FL 33417

Mailing Address

4700 SCHALL RD.
WEST PALM BEACH FL 33417



2. Principal Place of Business

West Palm
4895 Alberta Ave *Beach* FL 33417
Suite, Apt. #, etc.

3. Mailing Address

West Palm Beach
4895 Alberta Ave FL 33417
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

West Palm Beach FL

Zip
33417

Country
U.S.A.

City & State

West Palm Beach FL

Zip
33417

Country
U.S.A.

4. FEI Number

20-2996439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REARDON, ROBERT
4700 SCHALL RD.
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name *Robert Reardon*
Street Address (P.O. Box Number is Not Acceptable)

4895 Alberta Ave
City *West Palm Beach* FL Zip Code *33417*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/10/06
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME REARDON, ROBERT
STREET ADDRESS 4700 SCHALL RD.
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☒ Delete
NAME *Reardon Robert*
STREET ADDRESS *4895 Alberta Ave*
CITY-ST-ZIP *West Palm Beach FL 33417*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Reardon, Robert* ☒ Change ☐ Addition
NAME
STREET ADDRESS *4895 Alberta Ave*
CITY-ST-ZIP *West Palm Beach FL 33417*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 (561) 676-9822
Date Daytime Phone #